

## COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

BOYD

RICHARD

RICHARD BOYD  
W  
FEDERAL ENERGY REGULATORY

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

NATURAL RESOURCES AGENCY, DEPARTMENT OF CONSERVATION

Division, Board, Department, District, if applicable

Your Position

DIVISION OIL, GAS &amp; GEOTHERMAL RESOURCES

SENIOR OIL &amp; GAS ENGINEER (SUPERVISOR)

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

 State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_\_\_\_\_ City of \_\_\_\_\_ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

 Annual: The period covered is January 1, 2017, through December 31, 2017. Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office. Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office. Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_

## Schedules attached

 Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

 None - No reportable interests on any schedule

## 5. Verification

MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

801 K STREET, MS 20-20

SACRAMENTO

CA

95814-3530

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

( 916 ) 322-9779

RICHARD.BOYD@CONSERVATION.CA.GOV

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/27/2018

(month, day, year)

Signature Richard W. Boyd

(File the originally signed statement with your filing official.)

VB

## SCHEDULE A-1

## Investments

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name \_\_\_\_\_

## ► NAME OF BUSINESS ENTITY

BOEING COMPANY (BA)

GENERAL DESCRIPTION OF THIS BUSINESS

## AIRCRAFT MANUFACTURING

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
 Partnership       Income Received of \$0 - \$499  
       Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

01 / 01 / 17      / / 17  
ACQUIRED      DISPOSED

## ► NAME OF BUSINESS ENTITY

ROCKWELL COLLINS (COL)

GENERAL DESCRIPTION OF THIS BUSINESS

## AVIONICS INTERNET TECHNOLOGY

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
 Partnership       Income Received of \$0 - \$499  
       Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

01 / 01 / 17      / / 17  
ACQUIRED      DISPOSED

## ► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
 Partnership       Income Received of \$0 - \$499  
       Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

/ / 17      / / 17  
ACQUIRED      DISPOSED

## ► NAME OF BUSINESS ENTITY

LOCKHEED MARTIN CORP (LMT)

GENERAL DESCRIPTION OF THIS BUSINESS

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
 Partnership       Income Received of \$0 - \$499  
       Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

01 / 01 / 17      / / 17  
ACQUIRED      DISPOSED

## ► NAME OF BUSINESS ENTITY

ROYAL DUTCH SHELL (RDS'A)

GENERAL DESCRIPTION OF THIS BUSINESS

## OIL &amp; GAS INTERNATIONAL

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
 Partnership       Income Received of \$0 - \$499  
       Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

06 / 01 / 17      / / 17  
ACQUIRED      DISPOSED

## ► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
 Partnership       Income Received of \$0 - \$499  
       Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

/ / 17      / / 17  
ACQUIRED      DISPOSED

Comments: ALL STOCKS IN PERSONAL IRA RETIREMENT ACCOUNT

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

► 1. BUSINESS ENTITY OR TRUST

NOTHING ACQUIRED IN 2017

Name \_\_\_\_\_

Address (Business Address Acceptable)

Check one

Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$0 - \$1,999
- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

\_\_\_\_\_ / \_\_\_\_\_ / 17    \_\_\_\_\_ / \_\_\_\_\_ / 17

ACQUIRED

DISPOSED

NATURE OF INVESTMENT

- Partnership
- Sole Proprietorship
- \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499
- \$10,001 - \$100,000
- \$500 - \$1,000
- OVER \$100,000
- \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

- None    or     Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT
- REAL PROPERTY

Name of Business Entity, if Investment, or  
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
 City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

\_\_\_\_\_ / \_\_\_\_\_ / 17    \_\_\_\_\_ / \_\_\_\_\_ / 17

ACQUIRED

DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust
- Stock
- Partnership

Leasehold \_\_\_\_\_ Yrs. remaining \_\_\_\_\_

Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: NOTHING ACQUIRED IN 2017

► 1. BUSINESS ENTITY OR TRUST

Name \_\_\_\_\_

Address (Business Address Acceptable)

Check one

Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$0 - \$1,999
- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

\_\_\_\_\_ / \_\_\_\_\_ / 17    \_\_\_\_\_ / \_\_\_\_\_ / 17

ACQUIRED

DISPOSED

NATURE OF INVESTMENT

- Partnership
- Sole Proprietorship
- \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499
- \$10,001 - \$100,000
- \$500 - \$1,000
- OVER \$100,000
- \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

- None    or     Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT
- REAL PROPERTY

Name of Business Entity, if Investment, or  
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
 City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

\_\_\_\_\_ / \_\_\_\_\_ / 17    \_\_\_\_\_ / \_\_\_\_\_ / 17

ACQUIRED

DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust
- Stock
- Partnership

Leasehold \_\_\_\_\_ Yrs. remaining \_\_\_\_\_

Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

FPPC Form 700 (2017/2018) Sch. A-2

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Name \_\_\_\_\_

## SCHEDULE B

### Interests in Real Property

(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
NOTHING ACQUIRED IN 2017

CITY \_\_\_\_\_

## FAIR MARKET VALUE

\$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

## IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/17    \_\_\_\_/\_\_\_\_\_/17

ACQUIRED

DISPOSED

## NATURE OF INTEREST

 Ownership/Deed of Trust     Easement Leasehold     \_\_\_\_\_

Yrs. remaining

Other

## IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

 None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY \_\_\_\_\_

## FAIR MARKET VALUE

\$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

## IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/17    \_\_\_\_/\_\_\_\_\_/17

ACQUIRED

DISPOSED

## NATURE OF INTEREST

 Ownership/Deed of Trust     Easement Leasehold     \_\_\_\_\_

Yrs. remaining

Other

## IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

 None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

%     None

## HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

 Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

%     None

## HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

 Guarantor, if applicableComments: NOTHING ACQUIRED IN 2017

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**► 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

**NO NEW INCOME SOURCES OBTAINED IN 2017**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

\$500 - \$1,000  
 \$10,001 - \$100,000

No Income - Business Position Only

\$1,001 - \$10,000  
 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

(Describe)

Other \_\_\_\_\_  
 (Describe)

**► 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

\$500 - \$1,000  
 \$10,001 - \$100,000

No Income - Business Position Only

\$1,001 - \$10,000  
 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

(Describe)

Other \_\_\_\_\_  
 (Describe)

**► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

INTEREST RATE

TERM (Months/Years)

%  None

ADDRESS (Business Address Acceptable)

SECURITY FOR LOAN

None  Personal residence

BUSINESS ACTIVITY, IF ANY, OF LENDER

Real Property \_\_\_\_\_ Street address

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_ (Describe)

Comments: NO NEW INCOME SOURCES OBTAINED IN 2017

## **SCHEDULE D Income – Gifts**

Name

► NAME OF SOURCE (*Not an Acronym*)

**NO OUTSIDE GIFTS RECEIVED IN 2017**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

► NAME OF SOURCE (*Not an Acronym*)

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

► NAME OF SOURCE (*Not an Acronym*)

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$_____	_____
____/____/____	\$_____	_____
____/____/____	\$_____	_____

► NAME OF SOURCE (*Not an Acronym*)

---

**ADDRESS (Business Address Acceptable)**

---

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

► NAME OF SOURCE (*Not an Acronym*)

---

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

► NAME OF SOURCE (*Not an Acronym*)

**ADDRESS (Business Address Acceptable)**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DB

Comments: NO OUTSIDE GIFTS RECEIVED IN 2017

Name \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (*Not an Acronym*)

NOTHING TO REPORT FOR 2017

ADDRESS (*Business Address Acceptable*)

CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCEDATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$\_\_\_\_\_  
(*If gift*)► MUST CHECK ONE:  Gift -or-  Income Made a Speech/Participated in a Panel Other - Provide Description \_\_\_\_\_

## ► If Gift, Provide Travel Destination \_\_\_\_\_

► NAME OF SOURCE (*Not an Acronym*)ADDRESS (*Business Address Acceptable*)

CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCEDATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$\_\_\_\_\_  
(*If gift*)► MUST CHECK ONE:  Gift -or-  Income Made a Speech/Participated in a Panel Other - Provide Description \_\_\_\_\_

## ► If Gift, Provide Travel Destination \_\_\_\_\_

Comments: NOTHING TO REPORT FOR 2017► NAME OF SOURCE (*Not an Acronym*)ADDRESS (*Business Address Acceptable*)

CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCEDATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$\_\_\_\_\_  
(*If gift*)► MUST CHECK ONE:  Gift -or-  Income Made a Speech/Participated in a Panel Other - Provide Description \_\_\_\_\_

## ► If Gift, Provide Travel Destination \_\_\_\_\_

► NAME OF SOURCE (*Not an Acronym*)ADDRESS (*Business Address Acceptable*)

CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCEDATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$\_\_\_\_\_  
(*If gift*)► MUST CHECK ONE:  Gift -or-  Income Made a Speech/Participated in a Panel Other - Provide Description \_\_\_\_\_

## ► If Gift, Provide Travel Destination \_\_\_\_\_